

**County/Direct Provider/Vendor User Cancellation**

ADP 100180 (Rev 7/06)

**ADP Approved**Date      Approver

For Canceling User Access to the CalOMS Treatment Data System

**County or Direct Provider or Vendor Name:** \_\_\_\_\_**County or Direct Provider or Vendor Number:** \_\_\_\_\_

To ensure the confidentiality of county/direct provider CalOMS Treatment data, the Department of Alcohol and Drug Programs (ADP) requires that the County Alcohol and Drug Program Administrator or Direct Provider/Vendor Executive Officer notify ADP when previously-approved users should no longer be allowed access to confidential patient data in the CalOMS Treatment data system. Please complete and fax this form to ADP at (916) 323-0653. If you have questions about this form, please call (916) 327-4556 or e-mail [CalOMSHelp@adp.state.ca.us](mailto:CalOMSHelp@adp.state.ca.us).

**Please print all information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Username: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Fax Number: : (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**User no longer authorized access as of \_\_\_\_\_(date) to the CalOMS Treatment data system.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Username: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Fax Number: : (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**User no longer authorized access as of \_\_\_\_\_(date) to the CalOMS Treatment data system.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Username: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Fax Number: : (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**User no longer authorized access as of \_\_\_\_\_(date) to the CalOMS Treatment data system.****County ADP Administrator/Direct Provider or Vendor Executive Officer Certification:**

I hereby designate that the above-named individual(s) no longer has access rights to confidential patient data in the CalOMS Treatment data system

\_\_\_\_\_  
Administrator/Executive Officer (signed and printed)\_\_\_\_\_  
Date